



Angus S. King, Jr.  
Governor

STATE OF MAINE  
DEPARTMENT OF  
BEHAVIORAL and DEVELOPMENTAL SERVICES  
DIVISION OF LICENSING  
STATE HOUSE STATION 165  
MARQUART BUILDING  
AUGUST, MAINE  
04333-0165



Lynn F. Duby  
Commissioner

October 25, 2001

TO: ALCOHOL AND DRUG TREATMENT PROGRAM PROVIDERS  
FROM: DIVISION OF LICENSING  
RE: **TECHNICAL ASSISTANCE PACKET**

Attached are documents used by licensing when reviewing agencies for compliance or for quick reference to data. They are NOT to be considered checklists that fully meet rule requirements. They may, in conjunction with the rules, be a useful guideline for your review of compliance. We intend to change some of the forms in the near future because they do not fully reflect all the required elements of rules.

We sincerely hope that this packet will be of assistance to you as you prepare for and deliver quality alcohol & drug treatment services.

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Director of Licensing

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Packet revised 10/2001

OFFICE IS LOCATED ON THE AUGUSTA MENTAL HEALTH INSTITUTE CAMPUS  
Outer Hospital Street, Marquardt Building, 3<sup>rd</sup> Floor, South

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RESIDENTIAL PROGRAMS	Residential –Alcohol & Drug, Mental Health	These dually licensed programs (mental health and substance abuse) are characterized by providing a wide range of services to include diagnostic, educational, counseling and support services 24 hours per day to clients with coexisting psychiatric and substance abuse disorders.
	Residential-Extended Care Rehab-A&D	Extended care provides a long-term supportive and structured environment for clients with extensive alcohol and drug and psychiatric debilitation. This level of care requires sustained abstinence and provides specialized treatment in a supervised living experience. Program services are varied in character, each designed to be appropriate to the program's target population. The term of residency is usually in excess of 180 days.
	Residential-Extended Shelter-A&D	This component provides treatment and a supportive environment for clients who are on a waiting list for treatment, or who have completed a detox program and need support to enable them to remain chemically free for a period of time before returning to the community. The term of residency shall not exceed 45 days without a documented assessment of the client's need.
	Residential-Halfway House A&D	A transitional residential component that provides continuing care and supportive services necessary for clients to reenter the community. Halfway houses are required to address the cultural, social, and vocational needs of the clients they serve.
	Residential-Detox, Medical Model-A&D	This component provides persons having acute problems related to withdrawal from alcohol or other drugs with immediate assessment, diagnosis and medically assisted for other acute illness. Programs shall provide appropriate referrals and transportation for continuing treatment and provide services 24 hours per day.

	Residential-Detox, Social Setting-A&D	Detoxification-Social Setting provides persons having sub acute problems related to alcohol/drug abuse with immediate medical evaluation, diagnosis and care recognizing that the emphasis is more on counseling s a treatment agent rather than professional intervention and medical detoxification. Services shall be provided 24 hours per day.
	Residential-Shelter-A&D	Shelter services shall provide food, lodging and clothing for abusers of alcohol and drugs, with the purpose of protecting and maintaining life and motivating residents to seek alcohol and drug treatment. Shelter shall be a pretreatment service usually operated in connection with a Detoxification component and shall be provided 12 hours per day.
	Residential-Alcohol & Drug	This component provides alcohol and drug treatment in a full 24 hour residential is a full 24-hour residential setting. This component shall provide a scheduled treatment program, which consists of diagnostic, educational and counseling services; and shall refer clients to support services as needed. Clients are routinely discharged to various levels of nonresidential continuing care services.
	Residential-Methadone Assisted Detoxification and Treatment	Clients presenting symptoms of serve opiate withdrawal in a residential setting may require the assistance of methadone to facilitate a successful detoxification. The process involves the reduction of dosages from the stabilization dose to a zero dosage upon discharge. Detoxification may last for a period of more than 30 days, but not in excess of 180 days. The administration of methadone to facilitate detoxification shall require compliance with a variety of Federal and State Laws, and involve the oversight of Federal and State agencies to monitor ongoing compliance with these laws.

PHYSICAL PLANT CHECKLIST – GENERIC  
MHA, SA, CPA

Agency:  
Address:

Reviewer:  
Date:

All Exits Clear (No Barriers Preventing Exit)	
Combustible Materials Away from Heat Sources	
Electrical Systems Safe (only surge protected extension cords, outlets properly covered, no exposed lights bulbs, no frayed wires)	
Space Conducive to Mission (private counseling spaces, waiting areas if appropriate, etc.)	
Confidentiality Preserved (soundproof counseling spaces)	
Client Files, Personnel Records in Locked Space Computer Security for Info Stored on Computers	
Clean Environment	
Appropriate Furniture	
Medicines, Hazardous Materials Locked	
Internal or External Repair Issues (peeling paint, broken windows, no screens, etc.)	
RESIDENTIAL: Homelike, Bedroom Space/House Clean, Counseling Space	
Grounds Safe From Obvious Hazards	
OTHER OBVIOUS ISSUES NOTED	

ALCOHOL & DRUG CLIENT FILE CHECKLIST REVISED 7/24/2000 (page 1 of 2)

<b>AGENCY:</b> <b>CLIENT#:</b>	<b>PROGRAM:</b> <b>ADM date:</b>	<b>DATE:</b>	
<b>IDENTIFYING DATA</b> (name, age, DOB, address, phone, etc) <b>METH</b> – Must be 18 Y.O. or approved by OSA			
<b>RIGHTS NOTIFICATION</b> (Statement from Rules) Exception/Denial of Rights Documented Client Receipt of Handbook (Rights, Fees, Programs, P & P's) <b>METH</b> – Signed Consent to TX with Approved Narcotic Drug			
<b>NOTIFICATION OF FEE SCHEDULE</b> (Clients signature)			
<b>REPORTS FROM REFERRING SOURCES</b> reports/Material from relevant others			
<b>HEALTH STATUS</b> On Admission At Discharge			
<b>CLINICAL ASSESSMENT</b> All required elements____ DSM IV Diagnosis____ If approp., Family assess_____ Annual Assessment Update_____ METH-Other Addiction Treatment Attempts Not Successful_____			
<b>Treatment Plan</b> (pg. 24) Timely____ Problem_____ Measurable long-term goals____ Measurable short-term goals_____ S/t goals Time frames____ Indicators to assess prog._____ Type & frequency of service/activities____ Ref for svcs. Not directly provided_____ Doc of client participation or reason participation did not occur_____ Signatures 1 <sup>st</sup> plan: Client____ Counselor____ Medical Director_____			
<b>TREATMENT PLAN UPDATES</b> (PG. 25) Timely____ Signatures: Client____ Counselor_____			

<p><b>PROGRESS NOTES</b></p> <p>Reference progress of plan goals_____ Ref. All treatment rendered_____</p> <p>Describe changes in client condition_____ Ref. Client response to treatment_____</p> <p>Ref. Significant other resp. to TX if appl._____ Date_____ Signature_____</p>	
<p><b>AFTERCARE PLAN</b></p> <p>Doc. Of provisions for aftercare_____ Based on reassessed needs at time_____</p> <p>Dev. With participation of client, family, guard, others as approp_____</p>	
<p><b>RELEASES OF INFORMATION</b></p> <p>All required elements_____ Dated_____ Signed_____ Accurately Completed_____</p>	
<p><b>DISCHARGED SUMMARY</b> (pg. 27)</p> <p>Course of treatment_____ Program completion status_____</p> <p>Clients condition _____ Progress with respect to TX. Plan goals_____</p>	
<p><b>METHADONE CLIENTS</b></p> <p>Aids education (all clients)_____</p> <p>Random drug testing &amp; doc. _____</p>	

PROGRAM  
DESK REVIEW CHECKLIST

\*For new Agency or Relevant  
Items to Add Service

SECTION 4.14 OUTPATIENT CARE	IND	COMMENTS
A. Definition	--	
B. Requirements: Description of Program	PP	
1. Admission criteria	PP	
2. Statement of typical services	PP	
C. Provision of services	PP	
1. Services according to client need scheduled or emergency basis	PP	
2. Ind., group and family counseling	PP	
3. Procedures for eval. Of med. needs	PP	
4. Medical assessment in case record	PP	
5. Psycho-social assessment	PP	
6. Procedures to make educational, vocational, legal and financial services available to the client	PP	
7. Planning and referral for further treatment	PP	
8. Aftercare services	PP	
9. Education about chemical abuse	PP	
D. Staff – Clinical Supervision	PP	
E. Orientation	PP	
1. Sufficient information for client to make decision about admission	PP	
2. Written description of client orientation procedure	PP	
F. Program Completion Criteria	PP	
1. Description of indicators for completion of treatment	PP	
2. Describe conditions for discharge before completion	PP	

3. Referrals to other programs when appropriate	PP	
G. *Client Fee Policy	PP	
b. Written agreement and duties (Regs)	OD	
4. a. Code of Ethics	PP	
b. Affirmative action plan	PP	
c. EAP plan	PP	
g. Written performance evaluations	PP	
h. Hiring policy	PP	
i. Disciplinary procedures	PP	
j. Grievance procedures	PP	
l. Medical exam pol./employee health	PP	
6. Personnel Files Secure	SI	
7.c. Volunteer Policies	PP	
8. Staff Training plan (See Regs)	PP	
L. Control of Medication (See Regs)	PP	
M. Nutritional Services (See Regs)	PP	
N. Suicide or Serious Injury Policy	PP	
O. Program Evaluation (See Regs)	OD	



ON SITE REVIEW

SITE: \_\_\_\_\_

DATE: \_\_\_\_\_

A. Meeting with Program Director and/or Administrator.

1. Review documentation for governing body's source of authority.
2. Review procedures for policy making.
3. Obtain overview of program including:
  - (a) Current statistics:
    1. Insurance coverage
    2. Census
    3. Bed count
  - (b) Signification events of the last year
    1. Staff changes
    2. Grievance and disciplinary actions
    3. Complaints
  - (c) Issues and plans for next year
    1. Cuts or expansions in services
    2. Administrative or staff changes
4. Review Outreach activities
5. Review Program Evaluation activities

B. Meeting with Medical Director (Only as needed)

1. Review duties, responsibilities according to written agreement
2. Review duties and responsibilities according to interview with Medical Director

- C. Meeting with Clinical Coordinator/Supervisor
  - 1. Review screening procedures and waiting lists
  - 2. Review clinical supervision procedures
    - (a) Case review
    - (b) Case management
    - (c) Counseling skill development
    - (d) Education about substance abuse issues and treatment modalities
    - (e) Clinician's performance evaluation
    - (f) Clinician's training plan's
  - 3. Review Clinical Supervision Log
- D. Meeting with Financial Director
- E. Review personal records using checklist (see Exhibit F)
- F. Review clinical records – open and closed – using checklist
- g. Meeting with Clinicians (as needed) with Board Members – and/or review Board Minutes
  - 1. Dates of meetings and names of members attending
  - 2. Administrator's report
- H. Review medication control for compliance with regulations – Residential programs only
  - 1. Review procedural practice for handling and administering medications
  - 2. Review written documentation for handling and administering medications.
- I. Review of nutritional services for compliance with regulations - Residential programs only
  - 1. Review procedures and practice for planning, preparing and serving meals
  - 2. Review written documentation for planning, preparing and serving meals

J. Tour of physical plant/program for compliance with regulations  
(also see checklist)

1. Evidence of Fire and Health inspections
2. Adequate space
3. Adequate furnishings and toilet facilities
4. Adequate climate control: fresh air, temperature and lighting
5. Adequate provision for emergency escape routes
6. Adequate medication storage when applicable
7. Adequate nutritional services facilities when applicable

K. Wrap-up

1. Presentation of on-site review findings
2. Outline of what will be on the written report
3. Obtain a commitment from program for a Plan of Action to make needed corrections with deficiencies, requirements, indicators and time frames for compliance clearly stated

If and agency has more than one site – all sites must be visited  
At licensing/certification review.

# ASAM PATIENT PLACEMENT CRITERIA FOR THE TREATMENT OF PSYCHOACTIVE SUBSTANCE USE DISORDERS

The 1990's surfaced growing demands on the alcohol and other drug treatment provider community to develop a rational clinical decision making process for quality of care and fiscal accountability. In response, the American Society of Addiction Medicine (ASAM), and the National Association of Addiction treatment providers (NAATP), utilizing previous criteria from NAATP and the Greater Cleveland Hospital Association/Northern Ohio Chemical Dependency Treatment Directors Association collaborated to develop national guidelines for the implementation of a patient placement system.

The patient placement criteria is a clinical guide based on consensus of treatment specialists, for matching patients to the "right type of treatment". The purpose is to enhance the use of diagnostic assessments in making objective patient placement decisions for the most appropriate level of care. The fundamental principle of the patient placement system is to place the patient in a level of care, which has the appropriate resources (staff, training, and services) to treat the patient's condition. The criteria have been designed separately for adults and adolescents and are based on six patient problem areas listed below:

## PATIENT PROBLEM AREAS

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional/Behavioral conditions or complications
4. Treatment acceptance/resistance
5. Relapse potential
6. Recovery Environment

There are 4 levels of care (defined by the characteristics of the programs structure including the setting, intensity, and frequency of services), as well as criteria for admission, continued stay and discharge.

## LEVEL 1: OUTPATIENT TREAT

Non-residential service, or office visits less than 9 hours/week providing directed treatment and recovery services that help the patient cope with life tasks without the non-medical use of psychoactive substances.

## LEVEL II: INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION TREATMENT

A programmatic therapeutic milieu consisting of regularly scheduled sessions for a minimum of 9 hours per week in a structured program, which provides the patients with the opportunity to interact in their own environment.

## LEVEL III: MEDICALLY MONITORED INTENSIVE INPATIENT

Inpatient treatment in a planned regimen of 24 hour observation, monitoring and treatment utilizing a multidisciplinary staff for patients whose biomedical, emotional and/or behavioral problems are severe enough to require inpatient services.

## LEVEL IV: MEDICALLY MANAGED INTENSIVE INPATIENT

Primary medical and nursing services and the full resources of a general hospital available on a 24 hour basis with a multidisciplinary staff to provide support services for both alcohol and other drug treatment and co-existing acute biomedical, emotional, and behavioral conditions which need to be addressed.

The patient placement system is developmental in nature and will continue to be modified as treatment regimens change and improve. In evolving these standards, one objective is to further the process of research in patient placement, cost containment, and treatment outcome. Such research can then be used to clinically validate what level of treatment is more effective in given situations, and identify the specific components of treatment that work.

To obtain a copy of the "Patient Placement Criteria" or for more information contact:

American Society of Addiction Medicine, Inc.  
5225 Wisconsin Avenue, N.W., Suite 409  
Washington, D.C. 20015  
Phone: (202) 244-8948

THE AMERICAN SOCIETY OF ADDICTION MEDICINE  
ADULT PATIENT PLACEMENT CRITERIA FOR THE TREATMENT OF  
PSYCHOACTIVE SUBSTANCE USE DISORDERS

Levels of care	Level I Outpatient treatment	Level II Intensive Outpatient Treatment	Level III Medically Monitored Intensive Inpatient Treatment	Level IV Medically Managed Intensive Inpatient Treatment
Criteria Dimensions	No withdrawal risk	Minimal withdrawal risk	Severe withdrawal risk, but manageable in Level III	Severe withdrawal risk
1. Acute Intoxication And/or withdrawal potential				
2 Biomedical Conditions And Complications	None or very stable	None or non-distracting from addition treatment and manageable in Level II	Require medical monitoring but not intensive treatment	Require 24-hour medical, nursing care
3 Emotional/Behavioral Conditions and Complications	None or very stable	Mild severity with potential to distract from recovery	Moderate severity needing a 24-hour structured setting	Severe problems requiring 24-hour psychiatric care with concomitant addition treatment
4 Treatment Acceptance/Resistance	Willing to cooperate but needs motivating and monitoring strategies	Resistance high enough to require structural program, but not so high as to render outpatient treatment ineffective	Resistance high enough despite negative consequences and needs intensive motivating strategies in 24-hour structure	Problem in this dimension do not qualify patient for Level IV treatment
5 Relapse	Able to maintain abstinence and recovery goals with minimal support	Intensification of addition symptoms and high likelihood of relapse without close monitoring and support	Unable to control use despite active participation in less intensive care and needs 24-hour structure	Problems in this dimension do not qualify patient for Level IV treatment
6 Recovery Environment	Supportive recovery environment and/or patient has skills to cope	Environment unsupportive but with structure or support, the patient can cope.	Environment dangerous for recovery necessitating removal from the environment; logistical impediments to outpatient treatment	Problems in this dimension do not qualify patient for Level IV treatment

NOTE: This overview of the Adult Admission Criteria is an approximate summary to illustrate the principle concepts and structure of the criteria.

THE AMERICAN SOCIETY OF ADDICTION MEDICINE  
ADULT PATIENT PLACEMENT CRITERIA FOR THE TREATMENT OF  
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NOTE: This overview of the ADOLESCENT Admission Criteria is an approximate summary to illustrate the principle concepts and structure of the criteria.

## CLINICAL PROBLEM LIST

## SAMPLE ONLY

CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE	PROB#	CODE	PROBLEM	TP#	DUE	ACHV.

T = ADDRESS in TREATMENT

M = NOTED and MONITORED

I = REFER INSIDE agency for concurrent services

O = REFER OUTSIDE of agency for concurrent services

I = DEFER INSIDE agency for services in aftercare or continuing care

O = DEFER OUTSIDE of agency for services in aftercare or continuing care

O = NOTED ONLY, no action is necessary

CLINICAL PROBLEM LIST



**ALCOHOL & DRUG  
PERSONNEL RECORD CHECKLIST**  
REVISED 10-19-2001

Name: _____ Hire date: _____ Position: _____ Program: _____	Name: _____ Hire date: _____ Position: _____ Program: _____
Start & Termination Dates: _____ Letter of Hire: _____ Job Description (in file or elsewhere) _____ License/Registration: _____ Medical Exam within 6 mo hire: _____ Every 3 years: _____ Application and/or Resume: _____ Performance Evals Annual: _____ Supervision 1 hr for 20 hrs of service _____ In file or training log Training _____	Start & Termination Dates: _____ Letter of Hire: _____ Job Description (in file or elsewhere) _____ License/Registration: _____ Medical Exam within 6 mo hire: _____ Every 3 years: _____ Application and/or Resume: _____ Performance Evals Annual: _____ Supervision 1 hr for 20 hrs of service _____ In file or training log Training _____
_____ METH: HIV & Patient TX Issues: _____ Opiate & Meth training: _____ SBI Background Checks: _____	_____ METH: HIV & Patient TX Issues: _____ Opiate & Meth training: _____ SBI Background Checks: _____
Name: _____ Hire date: _____ Position: _____ Program: _____	Name: _____ Hire date: _____ Position: _____ Program: _____
Start & Termination Dates: _____ Letter of Hire: _____ Job Description (in file or elsewhere) _____ License/Registration: _____ Medical Exam within 6 mo hire: _____ Every 3 years: _____ Application and/or Resume: _____ Performance Evals Annual: _____ Supervision 1 hr for 20 hrs of service _____ In file or training log Training _____	Start & Termination Dates: _____ Letter of Hire: _____ Job Description (in file or elsewhere) _____ License/Registration: _____ Medical Exam within 6 mo hire: _____ Every 3 years: _____ Application and/or Resume: _____ Performance Evals Annual: _____ Supervision 1 hr for 20 hrs of service _____ In file or training log Training _____
_____ METH: HIV & Patient TX Issues: _____ Opiate & Meth training: _____ SBI Background Checks: _____	_____ METH: HIV & Patient TX Issues: _____ Opiate & Meth training: _____ SBI Background Checks: _____